## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/28/2015 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC  SUMMARY STATEMENT OF DEFICIENCIES  PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  SCACI DEFICIENCY BUST OF PERFICIENCY  READLAST OF CORRECTION  SUMMARY STATEMENT OF DEFICIENCIES  (CACI) DEFICIENCY BUST OF PERFICIENCY  READLASTORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 10/28/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483-470(I).  Survey Date: 12/22/15  Facility Number: 00:1081 Provider Number: 160:5657 AIM Number: 100:239920  At this PSR survey, REM Occazio LLC was found in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483-470(I). Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 1014, Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 1014, Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 1014, Life Safety from Fire and system with manual fire alarm boxes, sprinkler system flow switches and alarms hard wired to the fire alarm system. The facility has a fire alarm system with manual fire alarm boxes, sprinkler system flow switches and alarms hard wired to the fire alarm system. The facility has a fire alarm system of the switches and alarms hard wired to the fire alarm system. The facility has a facility has a capacity of 8 and had a census of 8 at the time of this survey.  Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.6  Quality Review completed 12/22/15 - DA.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING <b>01</b>		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MANE OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC    (MA)   D.			15G567	B WING				
TRAFALGAR, IN 46181   CAN   D							12/22/2015	
PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION    PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION    PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION    REGULATORY OR LSC IDENTIFY OR	REM OCCAZIO LLC							
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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  (X6) DATE		Quality Review comp	leted 12/22/15 - DA.					
	ABORATORY	    -   DIRECTOR'S OR PROVIDER!	SLIPPLIER REPRESENTATIVE'S SIGNATII	RE		TITI F		(X6) DATF

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days

following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 001081